

The Aetna Health Plan for State of Delaware Employees and Pre-65 Pensioners

Go Simple, Go Smart and Save with Aetna!



 Aetna®





Welcome to the State of Delaware 2011-2012 Annual Enrollment — featuring two Aetna health plans: the Aetna CDH Gold plan with an HRA and the Aetna HMO

**Includes nationwide
networks with coverage
in all Delaware counties.**



The true worth of any health benefits plan is how it works for you.

That's why, with an Aetna* plan, we put you and your health at the center of everything we do . . . with excellent member services, programs to keep you healthy, and discounts to help you save money.

**So choose Aetna — and Go Simple,
Go Smart, and Save!**

Enrollment in an Aetna plan puts these advantages on your side . . .

Go Simple — excellent Member Services

- Nationally, our networks include more than 827,000 health care professionals and specialists, and 5,000 hospitals serving 18.5 million members**
- Our custom DocFind® online directory — exclusively for State of Delaware Employees
- The Aetna Navigator® self-service member website, featuring information on your personal benefits
- Customer service staff with years of Aetna experience

Go Smart — coverage that goes where you go

- Nationwide networks with coverage in all Delaware counties
- Broad local network*** of providers in Delaware, District of Columbia, Pennsylvania, and Maryland
 - 29,934 PCPs
 - 110,968 Specialists
 - All major acute care hospitals
 - Participating urgent care facilities
 - Walk-in clinics
- Preventive care is covered
- Emergency coverage — anytime, anywhere
- Information and technology to help you be your healthiest

And Save — a benefits plan with lots of EXTRAS

- Behavioral health support for you and your loved ones
- A maternity program to keep mom and baby healthy
- A wide range of online tools and resources
- A variety of discount programs for extra savings

**Your designated toll-free
Member Services number
is 1-877-54-Aetna. Or visit
your Delaware website at
www.aetna.com/statede.**

* Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. For self-funded accounts, plan coverage is offered by your employer, with administrative services only provided by Aetna Life Insurance Company (Aetna).

** Aetna Fourth Quarter 2010. Provider counts as of December 2010.

*** Aetna First Quarter 2011. Provider counts as of April 2011.

Go Simple — how the Aetna CDH Gold plan with HRA Fund works

You get a health plan for coverage — and a fund to help pay for it.

There are three parts to your plan — the HRA fund, the deductible and the health plan.

Here's how they work:

1. THE HRA FUND

Each year, the State of Delaware will fund a health reimbursement account — the fund — for you.

You can use fund dollars to pay eligible out-of-pocket health care costs.

If you don't use the whole fund in one year, no worries. Unused amounts will roll over to the next year. However, if you change employers or leave the health plan, you can't take the fund with you.

1

2. YOUR DEDUCTIBLE

This is an amount you must pay for eligible expenses. Once you pay the full deductible, your health plan begins to pay benefits.

As you use the fund, the payments count toward your deductible. So the fund helps pay your deductible. That means you have less to pay out of your own pocket!

And if you've been in the HRA plan for over a year, the fund can grow. It might build up enough to pay your full deductible.

2

3. YOUR HEALTH PLAN

Once you meet your deductible, your health plan pays its share for eligible expenses. You pay a smaller share of these costs from your own pocket.

3

The Aetna CDH Gold plan is designed with your needs in mind:

- You can see any doctor you want, in- or out-of-network.
- Preventive care is covered at 100 percent.
- The State of Delaware provides you with a HRA fund to help cover the deductible.

There are three options for getting health care.

1. **Visit your PCP.** You don't have to pick a primary care physician (PCP). But there are advantages when you do. Your PCP can develop a better understanding of your health needs. And that can help you make important medical decisions.
2. **Visit any network doctor or hospital for care.** No referrals are needed and you pay less out of pocket. Your doctor will:
 - > Provide routine and preventive care and treat you for some illnesses and injuries
 - > Get approval (called precertification) before providing some services
 - > File claims for you
3. **Go to any licensed doctor or specialist without a referral.** The Aetna CDH Gold plan has a fund to help you pay for medical expenses. But you may have to:
 - > Get your own approval before receiving some services
 - > Meet the annual deductible
 - > File your own claims
 - > Pay the difference between the amount paid by your health plan and the amount charged by your doctor

Your out-of-pocket costs are usually higher when you see a doctor who is not in our network.

Pay attention to valuable features.

You also get:

- **Preventive care.** Preventive care is covered in full by the Aetna CDH Gold plan. It doesn't count toward your deductible and nothing is paid from the fund. It includes:
 - > Routine exams and shots
 - > Wellness exams for children and women
 - > Select screenings
 - > Routine mammograms
 - > Vision and hearing exams
- **Out-of-pocket maximum.** You're protected by a limit on how much you pay in a plan year. First, your out-of-pocket costs must reach this limit. After they do, your health plan covers your remaining eligible expenses at 100 percent for the rest of that year.

Remember to check your plan documents so you know your responsibilities.



Finding a doctor is easy!

With our custom DocFind® online directory for State of Delaware employees and Pre-65 pensioners, you can look for a doctor by specialty and location. All the information you need is there — including maps and directions to the doctor's office. Check out DocFind on our website at www.aetna.com/statede.



Aetna CDH Gold Plan Summary of Benefits

In-Network

Benefits Deductible: \$1,500/\$3,000*

Out-of-Pocket Maximum: \$3,000/\$6,000**

Out-of-Network

Benefits Deductible: \$1,500/\$3,000*

Out-of-Pocket Maximum: \$6,000/\$12,000**

Health Fund Amount:

\$1,250 Employee/\$2,500 Family

Inpatient Room & Board	90% after deductible	70% after deductible
Inpatient Physicians' and Surgeons' Services	90% after deductible	70% after deductible
Outpatient Services	90% after deductible	70% after deductible
Prenatal and Postnatal Care	90% after deductible	70% after deductible
Delivery Fee	90% after deductible	70% after deductible
Hospice	90% after deductible	70% after deductible
Home Care Services	90% after deductible for up to 240 days per plan per benefit year	70% after deductible for up to 240 days per plan per benefit year
Urgent Care	90% after deductible	70% after deductible
Emergency Services	90% after deductible	90% after deductible
MENTAL HEALTH & SUBSTANCE ABUSE		
Inpatient Acute/Partial Hospitalization	90% after deductible	70% after deductible
Outpatient	90% after deductible	70% after deductible
OTHER COVERED SERVICES		
Durable Medical Equipment	90% after deductible	70% after deductible
Skilled Nursing Facility	90% after deductible for up to 120 days per confinement	70% after deductible for up to 120 days per confinement
Emergency Ambulance	90% after deductible	70% after deductible
Physician Home/Office Visits (non-routine)	90% after deductible	70% after deductible
Specialist Care	90% after deductible	70% after deductible
Chiropractic Care	90% after deductible for up to 30 visits per benefit year	75% after deductible for up to 30 visits per benefit year
Allergy Testing/Allergy Treatment	90% after deductible	70% after deductible
X-rays, MRIs, CT Scans, PT Scans, Lab & Other Diagnostic Services	90% after deductible	70% after deductible
Short-term Therapies: Physical, Speech, Occupational	90% after deductible	70% after deductible
Routine Physical Exam & Immunizations	100%, no deductible	70% after deductible
Hearing Tests – 1 exam every 12 months	100%, no deductible	70% after deductible
Hearing Aids	90% after deductible	70% after deductible
ALL INFERTILITY SERVICES		
	75% after deductible; \$10,000 lifetime maximum for medical services. 75% covered; \$15,000 lifetime maximum for prescription services.	55% after deductible; \$10,000 lifetime maximum for medical services. 55% covered; \$15,000 lifetime maximum for prescription services.
BARIATRIC SURGERY		
	90% after deductible if "Institute of Excellence for Bariatric" is used; 75% after deductible if authorized hospital/surgical center is used.	55% after deductible

*Once the Family Deductible Limit is met, all family members will be considered as having met their deductible.

**Out-of-pocket maximums apply to each benefit year and DO NOT include your deductible.

4 This Summary of Benefits highlights the health plans available. Summary Plan Booklets are available at www.ben.omb.delaware.gov/medical.

Manage your health care and health care spending

The following pages give examples of how the Aetna CDH Gold plan works over a two-year period for both an individual and a family plan.

Example: Employee Only Year One

Here is an example of how the Aetna CDH Gold plan with an HRA plan works over two years.

This example is for an employee-only plan:

- You use network doctors and hospitals
- Preventive care is 100 percent covered and does not count toward your deductible
- The State of Delaware contributes \$1,250 to the fund
- The Aetna CDH Gold plan has a \$1,500 deductible

Year One

- You visit your doctor for a routine physical exam. The exam charge is \$100. The CDH Gold plan covers preventive care at 100 percent. So you pay nothing. And nothing is paid from the fund.
- Later in the year, you sprain your ankle. During the office visit, your doctor takes X-rays. Your total expense is \$300: \$175 for the X-rays and \$125 for the office visit.
- If you have not yet met your deductible, you are responsible for paying that \$300. Under the Aetna CDH Gold plan, this amount is paid in full out of the fund. That means you pay nothing out of pocket. And the amount paid from the fund reduces your deductible. Your remaining deductible is \$1,200. You have no other health care expenses for the rest of the year.
- At the end of Year One, \$950 remains in the fund. That amount will be rolled over to the next year.

HERE IS THE PLAN

The Fund:	\$1,250
Health plan deductible:	\$1,500
After deductible is met:	
Health plan pays:	90% (In-Network)
You pay:	10% (In-Network)

A LOOK AT YEAR ONE

Total Expenses:	\$400
The Fund:	
You start with:	\$1,250
You use:	\$300
Remaining fund:	\$950
Total Amount Paid by Plan:	\$100
Total Amount Paid by Fund:	\$300
Total Amount You Paid:	\$0



Year Two

- Early in the year, you need surgery. The cost is \$9,200.
- You start the year with \$2,200 in the fund. This includes \$1,250 from the State of Delaware for this year plus \$950 rolled over from last year. If you have not yet met your \$1,500 deductible, you must pay that \$1,500 from your pocket first.
- Now that you've met your deductible, there is a balance of \$7,700 to pay for surgery.
- The health plan now begins to pay. You visited in-network doctors and facilities. So, your health plan pays 90 percent of the balance (\$6,930) and you are responsible for 10 percent (\$770). However, the fund pays \$700 and you are responsible for \$70.
- At the end of Year Two, the fund balance is \$0. You'll start Year Three with a new fund balance of \$1,250.

A LOOK AT YEAR TWO

Total Expenses:	\$9,200
The Fund:	
Year Two employer contribution:	\$1,250
Amount rolled over from Year One:	\$950
Year Two starting fund balance:	\$2,200
You use:	\$1,500
Remaining expenses:	\$7,700
Your Deductible:	
Health plan deductible (Year Two):	\$1,500
Amount paid from the fund:	\$1,500
Remaining balance of expenses:	\$7,700
Amount you paid to meet the deductible:	\$0
Remaining expenses:	\$7,700
Your Health Plan:	
Amount paid by plan (90% of \$7,700):	\$6,930
Amount paid by you (10% of \$7,700):	\$770
Remaining expenses:	\$0
Total Amount Paid by Plan:	\$6,930
Total Amount Paid by Fund:	\$2,200
Total Amount You Paid:	\$70 (your share of the health costs)

Here is another example of how the Aetna CDH Gold plan with an HRA plan works over two years.

This example is for a family plan:

- Your family uses both in-and out-of-network doctors and hospitals
- Preventive care is 100 percent covered and does not count toward your deductible
- The State of Delaware contributes \$2,500 to the fund
- The Aetna CDH Gold plan has a \$3,000 family deductible (the family deductible can be met by two or more family members, but no one individual is charged more than the individual \$1,500 limit.)

Year One

- You visit an out-of-network specialist for an exam and testing. The charge is \$1,000.
- If you have not yet met your family deductible, you are responsible for paying that \$1000. Under the Aetna CDH Gold plan, this amount is paid in full out of the family fund. That means you pay nothing out of pocket. And the amount paid from the family fund reduces the family deductible. Your remaining family deductible is \$2,000.
- Later in the year, your spouse has surgery performed by a in-network doctor. The charge is \$1,000.
- Since your family deductible has not been met, you are responsible for paying that \$1000. But again, under the Aetna CDH Gold plan, this amount is paid in full out of the family fund and you pay nothing out of pocket. And the amount paid from the family fund reduces the family deductible. Your remaining family deductible is now \$1,000, and your remaining family fund balance is \$500.
- Your family has no other health care expenses for the rest of the year.
- At the end of Year One, \$500 remains in the family fund. That amount will be rolled over to the next year.

Example: Family Plan Year One

HERE IS THE PLAN

The Fund:	\$2,500
Health plan deductible:	\$3,000
After deductible is met:	
Health plan pays:	90% (In-network)/70% (Out-of-network)
You pay:	10% (In-network)/30% (Out-of-network)

A LOOK AT YEAR ONE

Total Expenses:	\$2,000
The Fund:	
You start with:	\$2,500
You use:	\$2,000
Remaining fund:	\$500
Total Amount Paid by Plan:	\$0
Total Amount Paid by Fund:	\$2,000
Total Amount You Paid:	\$0



Example: Family Plan Year Two

Year Two

- Your daughter has surgery, performed by an in-network doctor at an in-network surgical facility. The charge is \$5,000
- You start the year with \$3,000 in the family fund. This includes \$2,500 from the State of Delaware for this year plus \$500 rolled over from last year.
- Your \$3,000 family deductible has not been met yet, however, no one person must meet more than the \$1,500 individual deductible. Under the Aetna CDH Gold plan, the family fund pays \$1,500 toward your family deductible, leaving a balance of \$1,500 remaining in the family fund.
- Now that your daughter's portion of the family deductible has been met, there is a balance of \$3,500 to pay for surgery.
- The health plan now begins to pay. Your daughter visited an in-network doctor and facility. So, your health plan pays 90 percent of the balance (\$3,150) and you pay 10 percent (\$350). Under the Aetna CDH Gold plan, this amount is paid in full out of the family fund.
- Your family has no other health care expenses for the rest of the year.
- At the end of Year Two, the family fund balance is \$1,150. You'll start Year Three with a new family fund balance of \$3,650.

A LOOK AT YEAR TWO

Total Expenses:	\$5,000
The Fund:	
Year Two employer contribution:	\$2,500
Amount rolled over from Year One:	\$500
Year Two starting fund balance:	\$3,000
You use:	\$1,500
Remaining expenses:	\$3,500
Your Deductible:	
Health plan family deductible (Year Two):	\$3,000
Amount paid from the fund:	\$1,500
Remaining balance of expenses:	\$3,500
Amount you paid to meet the deductible:	\$0
Remaining expenses:	\$3,500
Your Health Plan:	
Amount paid by plan (90% of \$3,500):	\$3,150
Amount paid by you (10% of \$3,500):	\$350
Remaining expenses:	\$0
Total Amount Paid by Plan:	\$3,150
Total Amount Paid by Fund:	\$1,850
Total Amount You Paid:	\$0

How the Aetna HMO plan works

Here's an HMO plan that lets you work with a primary care physician (PCP). Your PCP will work one-on-one with you to understand your needs. If you need care from another doctor, your PCP will give you a referral. Nothing is better than personal care!

STEP #1:

Choose a Primary Care Physician (PCP)

- You must choose a PCP and see in-network providers to receive benefits through this plan.
- Your PCP is the doctor that you go to first. He or she will help you learn about your health and how to manage it.
- You can choose any PCP from the Aetna network — it's your choice. Plus, you'll feel good knowing that anyone you choose meets our standards.
- Choosing a doctor is a personal decision — that's why each member of your family can have his or her own PCP.
- You can change your PCP anytime. Just call Member Services at the number on your ID card. Or visit our Aetna Navigator® member website at www.aetna.com/statede

1

STEP #2:

Visit your PCP for care

- Go to your PCP for checkups and whenever you are sick or hurt.
- Your PCP will help you decide if you need care from another doctor. If so, your PCP will give you a referral.
- Sometimes you may need care that requires Aetna approval before you get it. Your PCP and other network doctors will get this approval for you.

2

STEP #3:

Pay your copay

- When you visit the doctor, you pay a copay. This is a flat dollar amount you pay during your visit.
- See the Summary of Benefits on the opposite page for your covered services and copay amounts.

3





Building a relationship with a PCP is a good idea. He or she will help you make informed decisions about your care.

Finding a PCP is simple!

With our custom DocFind® online directory for State of Delaware employees and Pre-65 pensioners, you can look for a doctor by specialty and location. All the information you need is there — including maps and directions to the doctor's office. You can even look for doctors who speak your language. Check out DocFind on our website at www.aetna.com/statede.

You can change your PCP at any time.

You can change your designated PCP at anytime by calling Member Services at 1-877-54-Aetna, or by logging in to Aetna Navigator.



Aetna HMO Summary of Benefits

IN-NETWORK COVERAGE ONLY — Primary Care Physician (PCP) Selection Required

Deductible	
▪ Single	\$0
▪ Family	\$0
Lifetime Maximum Benefit	Unlimited
Primary Care Physician (PCP) Visits	
▪ Office Visits	\$10 copay
Specialty Care	
▪ Office Visits	\$20 copay
▪ X-rays	\$15 copay
▪ Lab	\$5 copay
▪ Outpatient Diagnostic Lab and X-rays	\$20 copay (\$25 copay for complex imaging)
Chiropractic Care	Lesser of either PCP copay or 80% of allowable charges
Preventive Care	
▪ Routine Physicals	\$0 copay
▪ Mammogram	\$15 copay per plan year age 40 and over
▪ Routine Digital Rectal Exams/Prostate Specific Antigen Test (For males ages 40 and over)	\$0 copay
▪ Routine Eye Exam (From any licensed vision care provider)	\$15 copay – 1 exam every 24 months
▪ Routine Ob/Gyn Exam	\$10 copay – 1 exam per plan year
▪ Well-Child Exams/Immunizations	\$10 copay
Outpatient Surgery	\$75 copay at hospital/\$30 copay for surgical center per visit
Hospitalization	\$100 per day for first two days per admission, thereafter covered at 100%
Emergency Treatment*	
▪ Emergency Room	\$135 copay, waived if admitted
▪ Ambulance	\$50 copay per trip
▪ Urgent Care Centers	\$20 copay
Maternity	
▪ First Ob/Gyn visit	\$20 copay initial visit, thereafter covered at 100%
▪ Hospital/Birthing Center/Global Maternity Charge	\$100 per day for the first two days per admission, thereafter covered at 100%
Durable Medical Equipment	Covered at 80% up to \$5,000 maximum benefit per plan year
All Infertility Charges	75% covered; \$10,000 lifetime maximum for medical services. 75% covered, \$15,000 lifetime maximum for prescription services.
Bariatric Surgery	100% if "Institute of Excellence for Bariatric" is used; 75% if authorized hospital/surgical center is used

* Non-emergency use of emergency services is not covered. Not all health services are covered. See Summary Plan Description for a complete description of benefits, exclusions, limitations, and conditions of coverage.

The account contract is the final determination of the benefits and rules of your plan.

Enrolling is easy



Enroll now! Here's how.

If you are not yet an Aetna member, find out what we can do for you!

- If you're an active employee, enroll online at www.ben.omb.delaware.gov.
- Pre-65 Pensioners must complete the enrollment form available on the Office of Pensions website at www.delawarepensions.com, or complete an enrollment form included in the packet mailing sent to their home. Completed enrollment forms must be mailed to the Office of Pensions by May 25, 2011 at State of Delaware, Office of Pensions, McArdle Building, 860 Silver Lake Boulevard, Suite 1; Dover, DE 19904.
- You will receive your ID card within two weeks from the time we receive your enrollment information.
- Already an Aetna Member? No action needed if you want to remain in the Aetna HMO plan with the 7/1 enrollment. If you would like to join the Aetna CDH Gold plan, you will need to enroll.
- Thinking about becoming an Aetna Member? Have questions? Contact Member Services at 1-877-54-Aetna.

After you enroll.

You will receive a member ID card after your enrollment has been processed. Refer to your Summary Plan Description when you have questions about your Aetna benefits, limitations, exclusions and other details.

Valuable tools to keep you informed.

Included in your plan are important tools and resources that make it easier to use your benefits and to help you make more informed health care decisions.

Custom DocFind® — the Aetna online provider directory for State of Delaware Employees and Pre-65 Pensioners.

The Aetna custom DocFind, exclusively for State of Delaware employees and Pre-65 Pensioners, is our online provider network directory. It is available to you 24 hours a day, 7 days a week, even before you become an Aetna member. Simply log in to www.aetna.com/statede, click on DocFind, and then follow the onscreen directions.

Find the doctor that's right for you —
DocFind makes it easy!
Visit www.aetna.com/statede.



Visit your personalized website anytime, 24/7

1. Go to www.aetna.com/statede.
2. Click on My Navigator at the top of the page.
3. Register as a new user, or log on using your secure user name and password.
4. Find a wealth of credible health care information and self-service functions — available to you anytime of the day or night — from wherever you have Internet access.

- See who is covered in your plan.
- Search for a participating provider using DocFind, Aetna's online provider directory. You can also change your primary care physician (PCP).
- Check the status of a claim or review an Explanation of Benefits (EOB).
- Get the phone number and mailing address for Member Services.
- Contact Member Services online with benefit questions.
- Send secure e-mails to Aetna Member Services.
- From the page giving claim details, send messages about specific claims with important information already filled in.
- Ask for e-mail alerts when new information, such as EOB statements, becomes available.
- Print standard Aetna forms.

- Our award-winning Aetna IntelliHealth® consumer website for health and wellness information, provided by Harvard Medical School.
- Healthwise® Knowledgebase, a user-friendly online information tool that lets you research your own issues and preferences for health information.
- Interactive and streaming videos about topics such as asthma and heart health.

To take a tour of Aetna Navigator, go to www.aetna.com/statede and click on My Navigator. Once on the home page, click on *take a tour to learn more*.

You can log in using any mobile phone with web access. It's fast, easy and so convenient.



*State of DE custom site not yet available from your cell phone.

- Look up diseases and conditions, like asthma, diabetes and pregnancy.
- Compare hospitals in your area to help decide where to receive medical care.
- Take a survey to rate medical professionals in our network.
- Review costs for medical treatments, office visits, medical tests and more.
- Find the average costs of health care services in your area; learn how much you might save by choosing a doctor who participates in the Aetna network.



The smart way to learn about your health — Aetna SmartSourceSM.

Getting the right information is important to getting the care that's right for you. Now there's a tool that finds just what you need to make important decisions about your health.

It's called Aetna SmartSource, and it will change the way you research conditions, symptoms and more. Unlike most search engines and general health websites, Aetna SmartSource delivers information that's specific to you based on where you live, your selected Aetna health plan and other information.

Be smart! Let Aetna SmartSource show you what you need to know about your health.

With just one search, Aetna SmartSource gives you relevant information to make important decisions about caring for your health needs. Simply enter a condition or symptom. Aetna SmartSource does the work for you, scanning our vast resources to bring you:

- Doctors in your local area that specialize in treating your condition — and who participate in your health plan.
- Commonly prescribed medications and treatment options associated with your condition.
- Estimated health care costs.
- Aetna programs and discounts that may help you manage your health needs.
- Easy-to-understand health articles and tips.

You can access Aetna SmartSource through Aetna Navigator or your Personal Health Record once you become an Aetna member.

A summary of the programs available when you enroll in an Aetna plan is on page 14. More details, including discounted amounts, participating locations and how to get started in the programs can be found at www.aetna.com/statede.



And save — with Aetna programs to keep you healthy

The Aetna plans available to State of Delaware employees include the following programs, at no cost to you.

Give your baby a healthy start. Beginning Right® Maternity Program

Our Beginning Right Maternity program comes with your Aetna health plan. Use it throughout your pregnancy and after your baby is born.

Learn what's best for a healthy pregnancy.

Receive educational materials on:

- Prenatal care
- Signs of preterm labor
- What to expect before and after delivery
- Newborn care
- And more

Take our pregnancy risk survey. Find out if you have any health conditions or risk factors that could affect your pregnancy.

If you are identified as “at risk” or “high risk,” you’ll receive two follow-up calls after delivery. Your nurse case manager will check in to see if you and your baby are doing well. We can also do an initial screening for depression and give even more support if needed.

We have nurses and other health educators who speak English and Spanish. Our translation service offers help in over 170 languages. Plus, you can receive program materials in English and Spanish.

Go online and learn more about women's health.

Go to Aetna Women's Health online at <http://womenshealth.aetna.com> for information on pregnancy and baby care, as well as:

- Reproductive health
- Menopause
- Breast health
- Heart health
- Migraines
- Depression

The more you know, the better chance you have for good health.



And save even more — with lots of extras from Aetna

Discount programs and services

Who said nothing in life is free? Enroll in an Aetna Plan and get — at no added cost — Aetna extras! Our discount programs and services are your ticket to the small luxuries that can help keep you happy and healthy. All this — and no referrals required.

See better for less.

Aetna VisionSM discount program

See your way to bigger savings! You'll pay less for eyeglasses, contact lenses, solutions, even LASIK eye surgery. You'll even save on specialty items not typically covered by insurance — like snazzy eyeglass chains, designer frames, sunglasses and colored contact lenses. Enroll with Aetna, and use your discount each time you visit a participating store. Visit www.aetna.com for a list of participating stores and independent optometrists and ophthalmologists.

Relax, recharge, and save!

Aetna Natural Products and ServicesSM discount program

There are many paths to healthy living. The Aetna Natural Products and Services discount program can help you find a natural one. You can save on massage therapy, over-the-counter vitamins and other ways to complement your health. You get it through American Specialty Health (ASH) Incorporated, a leader in this market. It's a smart way to save on things insurance doesn't normally cover. And it can help you find your body's natural health abilities.

**After you enroll,
go to Aetna
Navigator for
details on how to
get started with
our discount
programs.**

Hear life the way it's meant to be heard.

Aetna HearingSM discount program

It's easy with the Aetna Hearing discount program.

Here's what you get

- ✓ Savings on all styles of hearing aids*
- ✓ 40% off retail prices on hearing exams and services
- ✓ Over 1,000 models from leading manufacturers to choose from
- ✓ No interest financing options for up to 12 months
- ✓ Discounts on hearing aid batteries mailed to your home
- ✓ Free follow-up services for one full year

A three-year warranty to cover repairs, loss or damage**

You get these savings through HearPO®, a leading provider of hearing supplies. With over 1,900*** locations in the U.S., it's easy to find one near you.

* HearPO will help you choose the best hearing aid for your needs. All manufacturers offer savings, but they may vary based on make and model.

** Some exclusions apply. You are only covered one time for loss and damage claims.

*** HearPO website. Available at www.hearpo.com/aetna, 5/10.

Shape up and save!

Aetna FitnessSM discount program

Regular exercise can help you stay healthy and can make you look and feel better. With our Fitness Program, you can save money, too! It's easy to get started once you've enrolled with Aetna. Enjoy preferred rates on fitness club memberships in the GlobalFit™ network.* Visit www.globalfit.com/fitness, or find a location near you.

*Membership to a club of which you are a current member is not available. Further, membership may not be available to a club if you have been a member of that club within the past 12 months.

A program to help you watch your weight and wallet.

Aetna Weight ManagementSM discount program

Lose weight and feel great! It's easier with the Aetna Weight Management discount program. You can save on some of today's most popular weight-loss programs and meal plans, like eDiets®, Jenny Craig® and Nutrisystem®. Family members on your health benefits and health insurance plans can save, too!

We look forward to welcoming you and your family as our newest Aetna plan members . . . and to providing the coverage, services, information and tools you may need.

So Go Simple, Go Smart, and Save with Aetna!

Enroll today!

What's more important than your health? Start saving today on services and products that can help you stay well and meet your special needs. They're the Aetna extras that are all there for you when you enroll in an Aetna plan. Use them often. And use them in good health.



Notes

If you need this material translated into another language, please call
Member Services at 1-877-54-Aetna.

Si usted necesita este documento en otro idioma, por favor llame a Servicios
al Miembro al 1-877-54-Aetna.

Health benefits plans are administered by Aetna Life Insurance Company. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Health information programs provide general health information and are not substitutes for diagnosis or treatment by a physician or other health care professional. Discount programs provide access to discounted prices and are not insured benefits. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Information is believed to be accurate as of the production date, however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

